***SAFE ARMS*** *is an organisation operating in Kent and Medway, providing services for women and girls experiencing domestic abuse. We offer safety planning advice, emotional and wellness support and equip with skills to build healthy relationships in the future. Complete and forward to info@safearms.org.uk*

|  |  |
| --- | --- |
|  | **SERVICE CLIENT WANT TO ACCESS** |
| GROUP | **16-25 YRS ADULT** |
| Reasons for Referral  **Safe Accommodation**  **IDVA service**  **Wellness Therapy**  **Career Support & Business Start up**  **Counselling (Adult Women only)**  **Welfare Scheme** |  |
|  | **CLIENT’S DETAILS** |
| Client’s Name & Surname |  |
| Client’s Address |  |
| Client’s Phone |  |
| Client’s DOB |  |
| Client’s Citizenship |  |
| Does Client have a Right to Stay |  |
| Does Client Work? |  |
| Where Does She work? |  |
|  | **CLIENT SUPPORT NEEDS** |
| Additional or Special Needs of Clients |  |
| Does the client consider themselves to have any form of disability. | YES NO  If YES, give details |
| Does the client have any accessibility requirement eg hearing loop, braille documents. | YES NO  If Yes, give details |
| Does the client require an interpreter? | YES NO  If YES, give language details |
| Does the client prefer face-to-face or remote support | Face-to-Face Remote |
|  | **CHILDREN’S DETAILS** |
| Children Details (Names, Ages & Gender) |  |
| Additional or Special Needs of Children |  |
|  | **SAFETY AND BACKGROUND ABUSE INFORMATION** |
| Is Client currently living with the abuser |  |
| Is the parent of client currently in an abusive relationship |  |
| Is the young person currently in abusive relationship |  |
| Do the children currently have contact with alleged perpetrator |  |
| If YES | State current situations and any court orders either in place or pending. Use separate sheet if necessary |
| Is DASH Risk completed? |  |
| Perpetrator’s Name and Address |  |
|  |  |
| Medway Address **(Thur, 10-12noon;**  **Fridays 1-3pm)** | RCCG, City of David, Snodhurst Bottom, Walderslade Road, Chatham, ME5 0L2 |
| Maidstone Address **(Fridays 10-12noon)** | Maidstone Family Church, 94 Boxley Road, Maidstone ME14 2BQ |

**Referred by Name………………………………………………………………………………….**

**Signature:…………………………………………………………………………………….**

**Agency:………………………………………………………………………………………..**

**Complete and forward to info@safearms.org.uk**